

# Membership Application



Ohio Ridge Riders Snowmobile Club  
138 Kelly Road  
Cold Brook, NY 13324

**Please print legibly!**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

NYSSA Membership Number: \_\_\_\_\_

Family Membership Information:

Spouse, First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\$40.00 Individual membership. Includes basic NYSSA membership.

\$40.00 Family membership. Includes basic NYSSA membership.

Number of sleds I intend to register: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to the above address. Your NYSSA voucher will be printed and mailed to you.**